

DIRECTIONS TO MERCHANT: IF YOU HAVE MAILED THE CHECK WRITER THE NOTICE LETTER

AND HAVE NOT RECEIVED A RESPONSE AFTER TEN DAYS:

1) FILL OUT ONE COMPLAINT SHEET FOR EACH SEPARATE CHECK RECEIVED.**2) ATTACH A COPY OF THE CHECK.****3) MAIL THE COMPLETED COMPLAINT SHEET TO:** Macomb County Prosecutor's Office, Consumer Protection Unit,
One South Main, 3rd floor, Macomb County Administration Building, Mt. Clemens, Michigan 48043**4) KEEP THE ORIGINAL CHECK AND ANY OTHER ITEMS FOR NINETY DAYS.****5) PLEASE DO NOT ACCEPT ANY MONEY REGARDING THE CHECK WITHOUT FIRST CONTACTING THE CONSUMER PROTECTION UNIT. DOING SO MAY PREVENT FULL RECOVERY OR PROSECUTION BY THE CONSUMER PROTECTION UNIT.**

THE CONSUMER PROTECTION UNIT WILL ATTEMPT TO RECOVER THE AMOUNTS REQUESTED AND WILL CONTACT YOU WITHIN SIXTY DAYS.

ADDITIONAL COPIES OF THIS FORM CAN BE OBTAINED FROM THE CONSUMER PROTECTION UNIT, (586) 469-7336

Consumer Protection Unit
Macomb County Prosecutor's Office**COMPLAINT SHEET**

Check Number:	Check Amount:	Date Issued:
Bad Check Fee Amount (if any):	Total Owed:	
Is a copy of the check attached? Yes No If no, why not?		
Check Writers Name (Person who signed check):		
Witness Name (Person who accepted check):		
Your Business Name And Address:		Address Where Check Was Passed:
Witness / Business Phone:		
Was this check received in person? Yes No		
If no, how was the check received?		
Can you verify this as the check you accepted? Yes No		
If yes, how can you identify this as the check you accepted?		
Did you record the Driver's License number or Michigan ID number on the check? Yes No		
If yes, what is that number?		
Is it your normal practice to compare identification containing a photograph with the check writer standing in front of you? Yes No		
Do you personally know the check writer? Yes No		
Could you identify the check writer in a photo line-up or in court? Yes No		
Was the notice sent to the check writer? Yes No If yes, on what date was notice sent?		
Do you have any other information that would identify or locate the check writer (Driver's License or Social Security Card, security tape, physical description, car license plate, phone number, etc.)?		

Witness Signature (If possible, person who accepted check)_____
Date